

**FULL TIME REDUCED HOURS EMPLOYEES  
HEALTH INSURANCE RATES  
July 1, 2017 - June 30, 2018**

	25 hrs/wk	27.5 hrs/wk	30 hrs/wk	32 hrs/wk	35 hrs/wk
	40%	38%	36%	34%	32%
<b>CareFirst BlueChoice Advantage &amp; CF Select Vision</b>					
Individual	\$148.62	\$141.19	\$133.76	\$126.33	\$118.90
Employee + Child	\$258.22	\$245.31	\$232.39	\$219.48	\$206.57
Employee + Spouse	\$309.28	\$293.82	\$278.35	\$262.89	\$247.42
Family	\$363.59	\$345.41	\$327.23	\$309.05	\$290.88
<b>CareFirst BlueChoice HMO Open Access &amp; CF Select Vision</b>					
Individual	\$99.89	\$94.90	\$89.90	\$84.91	\$79.92
Employee + Child	\$189.83	\$180.34	\$170.85	\$161.36	\$151.87
Employee + Spouse	\$229.76	\$218.27	\$206.78	\$195.29	\$183.81
Family	\$299.69	\$284.71	\$269.72	\$254.74	\$239.76
<b>CareFirst PPO Dental</b>					
Individual	\$8.23	\$7.82	\$7.41	\$7.00	\$6.58
Employee + Child	\$12.57	\$11.94	\$11.31	\$10.68	\$10.05
Employee + Spouse	\$18.88	\$17.94	\$16.99	\$16.05	\$15.10
Family	\$24.69	\$23.46	\$22.22	\$20.99	\$19.76
<b>Delta Dental PPO/Preferred</b>					
Individual	\$7.26	\$6.90	\$6.53	\$6.17	\$5.81
Employee + Child	\$11.53	\$10.95	\$10.38	\$9.80	\$9.22
Employee + Spouse	\$17.11	\$16.26	\$15.40	\$14.55	\$13.69
Family	\$22.23	\$21.12	\$20.01	\$18.89	\$17.78